BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:
MAIL: City of Columbus, Division of Water
Backflow Compliance
918 Dublin Road
Columbus, Ohio 43215-9052
(FAX) 614-645-0290

Customer and Property Information – Please Print

PROPERTY ADDRESS:_____Zip_____

BUSINESS NAME_____

CONTACT PERSON:_____ PHONE#_____FAX#_____

Device Information – Please Print

NEW INSTALLATION ☐ EXISTING ☐ or REPLACEMENT ☐ OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAPRP DC PVB OTHER (SPECIFY)_____

MAKE OF ASSEMBLY: _____ MODEL:_____ SIZE: _____ SERIAL NO.:_____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

		Double Check Assembly			Reduced Pressure Assembly				Pressure Vacuum Breaker			
Initial Test	Outlet Valve	Pass ☐		Fail ☐	1st Check Valve	_____psid	Pass Fail ☐☐		Air Inlet Valve	_____psig	Pass Fail ☐☐	
	1st Check Valve	_____psid	Pass Fail ☐☐		Relief Valve Opening Point	_____psid	Pass Fail ☐☐		Check Valve	_____psig	Pass Fail ☐☐	
	2nd Check Valve	____psid	Pass Fail ☐☐		2nd Check Valve	_____psid	Pass Fail ☐☐					
					Outlet Valve	Pass ☐	Fail ☐					
Repairs & Materials Used												
Re-Test After Repairs	Outlet Valve	_____psid	Pass Fail ☐☐		1st Check Valve	_____psid	Pass Fail ☐☐		Air Inlet Valve	_____psig	Pass Fail ☐☐	
	1st Check Valve	_____psid	Pass Fail ☐☐		Relief Valve Opening Point	_____psid	Pass Fail ☐☐		Check Valve	_____psig	Pass Fail ☐☐	
	2nd Check Valve	____psid	Pass Fail ☐☐		2nd Check Valve	_____psid	Pass Fail ☐☐		**AIR GAP INSPECTION:** Required Air Gap Separation Provided? **Yes ☐ No ☐**			
					Outlet Valve	Pass ☐	Fail ☐					

Does the assembly meet proper piping installation requirements? YES ☐ NO ☐

Assembly PASSED(_____) FAILED(_____) * NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS:_____

_____

Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED):_____Cert. #:_____

Test Equipment: Make:_____ Model_____ SN#_____ Cal. Date_____

Tester's CO. Name:_____PH#:_____

Tester's Signature:_____Date:_____